

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	GT		2-4-00
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	KS	71702	3/30
RESPONSE FORMALITY REVIEW	PS	71752	3/22

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
= ..... Allowed I ..... Interference  
— (Through numeral)... Canceled A ..... Appeal  
÷ ..... Restricted O ..... Objected

Claim	Date									
Final	1	2	8	2	2	33				
Original	1	9	14	9	14	33				
	00	01	01	02	02	03				
1	✓	✓	✓	✓	✓	N				
2	✓	✓	✓	✓	✓	N				
3	✓	✓	✓	✓	✓	N				
4	N	N	N	N	N					
5	✓	✓	✓	✓	✓	N				
6	✓	✓	✓	✓	✓					
7	✓	✓	✓	✓	✓					
8	✓	✓	✓	✓	✓					
9	✓	✓	✓	✓	✓					
10	✓	✓	✓	✓	✓					
11	✓	✓	✓	✓	✓					
12	✓	✓	✓	✓	✓					
13	N	N	N	N	N					
14	—	—	—	—	—					
15	—	—	—	—	—					
16	—	—	—	—	—					
17	—	—	—	—	—					
18	—	—	—	—	—					
19	—	—	—	—	—					
20	—	—	—	—	—					
21	N	N	N	N	N					
22	✓	✓	✓	✓	✓					
23	—	—	—	—	—					
24	—	—	—	—	—					
25	—	—	—	—	—					
26	—	—	—	—	—					
27	—	—	—	—	—					
28	—	—	—	—	—					
29	—	—	—	—	—					
30	—	—	—	—	—					
31	—	—	—	—	—					
32	✓	✓	✓	✓	✓					
33	N	N	N	N	N					
34	N	N	N	N	N					
35	N	N	N	N	N					
36	✓	✓	✓	✓	✓					
37	—	—	—	—	—					
38	—	—	—	—	—					
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40	—	—	—	—	—					
41	—	—	—	—	—					
42	—	—	—	—	—					
43	—	—	—	—	—					
44	—	—	—	—	—					
45	—	—	—	—	—					
46	✓	✓	✓	✓	✓					
47	N	N	N	N	N					
48	N	N	N	N	N					
49	N	N	N	N	N					
50	—	—	—	—	—					

Claim	Final	Original	Date
101	✓	N	
102			
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108	✓	N	
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If more than 150 claims or 10 actions  
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